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ABSTRACT

Research and statistical surveys on student health services and problems at community colleges are reviewed to ascertain administrative attitudes, student health care needs, and areas for improvement. Providing health care for students is said to be generally overlooked by community college professionals who feel it should not be the college's responsibility. A lack of both medical treatment facilities and mental health programs on community college campuses is identified. However, data are presented indicating that because community college students frequently have low socioeconomic status, they cannot afford independent health insurance coverage, and further, that community facilities such as emergency rooms, free clinics, and referral services on which these students rely when they have health problems are inadequate in caring for them. Some innovative programs and practices of health planners on campus are described: cutting health costs by identifying the precursors of disease; adopting self-completed student health appraisal forms as a substitute for traditional physical examinations, generating comprehensive health assessments for students through computer analysis; promoting the "wellness" idea via campus health fairs; and developing and managing health programs with student participation. Suggestions for implementing comprehensive health care programs are offered. (TR)

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# STUDENT HEALTH AND THE COMMUNITY COLLEGE

by

Linda A. Whitaker

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The fastest growing segment of higher education in the United States is the community college. Its growth is unprecedented in the history of American education. In 1959, there were 663 junior and community colleges with 640,527 students. From 1960 to 1970, the community college enrollment tripled to 2.4 million; during that period, a new campus was born each week.[1] Contemporary public junior and community colleges have evolved into institutions of wide diversification in an attempt to function as what Ann Hayes calls a "People's College." Its open-door policies have allowed students from all walks of life to participate in higher education. Such diversity indicates a wide range of opportunities for health services programs. There is a high correlation between poverty, ignorance, and disease - conditions endemic to the populations that community colleges are now trying to serve. Students coming from disadvantaged groups are at a high risk not only for achieving academic success but also for developing physical and mental illness.[2]

Health services have yet to play an important role in student personnel programs. It is an area often overlooked. Health services typically have had the status of a "man without a country" - outside academic affairs and compatible only to a limited degree with student affairs.[3] Many leading authorities on student personnel practices have given only cursory attention to this vital area. Considering attitudes of faculty and staff, this is not surprising. In an attempt to establish priorities for student

personnel services during the next decade, student personnel practitioners were polled at all 28 community colleges in Florida. In descending order of priorities, they ranked health services 31 on a list of 34 essential functions of personnel services.[4] This may be an improvement considering that the Carnegie study over a decade ago did not even list health services as an essential function! But if health ranks so low among student personnel workers who at least embrace the health concept as part of their overall efforts, then college administrators cannot be totally at fault for neglecting this area. For community college leaders, the subject of student health has not even rated discussion at the major conferences on junior and community colleges.

Attitudes of community college professionals on student health programs range from lukewarm acceptance to outright opposition. Opponents of campus health facilities argue that colleges are only in the business to educate. In a speech before the American College Health Association, Roger Heyns justifies this position by stating:

> "When an academic institution takes on non-academic operations which can be performed as well or better by other institutions it is inefficient and ineffective."[5]

Those who share this opinion believe that the responsibility for health care lies elsewhere such as with parents, public health agencies, and the students themselves. But what are the realities of parents providing health care? Community college students generally come from lower socioeconomic backgrounds than four-year college students. Often, the family does not have a doctor, thus the college administration's assumption that there is a family

physician breaks down. Furthermore, most parents assume the college provides some kind of health service - an assumption that is not in alignment with the facts. Of the 482 public community colleges Nichols surveyed, less than half (41.5%) operated student health programs.[6] Only 10% of these institutions had physicians available. Less than 11% of the colleges were able to deal with psychiatric emergencies, acute abdominal disorders, drug reactions, communicable diseases, and alcohol problems.[7] And how realistic is it for college administrators to rely solely upon community resources to care for their students' health needs? Judith Carey, a Public Health nurse who has conducted several in-depth studies on student health, notes that one cannot safely assume that outside facilities would or could handle the special problems of students. Outside referrals are fraught with difficulties. She found students, particularly those with psychiatric problems, wait weeks or months for services, were discouraged by long waiting periods, fed up with tedious intake procedures, and so did without care.[8] Direct referrals were impractical because the local agencies were already overtaxed. What remains then is for the student to direct and pay for his own care. If all he has is himself, then the situation looks bleak indeed. Health insurance would seem to be a crucial factor in offering him some protection. Yet little is known regarding the type of coverage that is carried by the urban commuter student or the extent to which such students have any coverage at all.[9] At age 19, most students become ineligible for coverage under a family plan. From her study, Judity Carey predicted that over 3,900 of the 16,500 students at

San Francisco's City College did not have health insurance or did not know. At Queens College in New York City, students who were uninsured or supporting themselves indicated a need and an interest in comprehensive student coverage, but many felt they could not afford it. Prime targets for any special student plan are those students who are uninsured and those who are supporting themselves but lack the financial resources to carry a commercial plan. Unfortunately, Marshall and Gold's study points out that it is precisely these two groups with the greatest need but not enough money for insurance.[10] In 1973, 71% of community colleges did offer health insurance but no numbers are available on how many students took advantage of it.[11] Insurance coverage offered through colleges are often not geared to the health needs of a student population. Coverage for obstetrical, gynecological, and dental care are usually not included. Some policies go on to state that if hospitalization is required due to complications of a venereal disease, they will not cover expenses. Apart from lacking money for care, many students do not know when or where to seek help. Carey found that of the 1,500 students polled at the City College of San Francisco, 7% would do nothing if they suddenly becmae ill.[12] Not surprisingly, poor students are more likely to do nothing when illness strikes than their richer peers.

Who should accept responsibility for providing health care to meet student needs? In one survey, several community college presidents indicated as many as 20% of their students dropped out for medical reasons.[13] If the open-door policy is not to become

a revolving door, it seems appropriate that community colleges provide health programs for their students. The precedence for accepting these duties in the American education system was established in the late eighteenth century. As the educational philosophy of a curriculum-centered, education began to place more emphasis on the health of its students. Community colleges have largely neglected to accept the responsibility for providing health programs - what Irma Sharland calls a "glaring contradiction of the K-12 educational structure and the well-developed health programs offered in most four-year institutions."[14]

If a community college accepts this challenge, it must ascertain student needs. Nichols notes that only 20% of those community colleges with health services ever surveyed the health needs of their students.[15] The general public regards the student population as healthy young people with little need for health care. Community college students and their advocates believe otherwise. Students answering questionnaires indicate a lack of knowledge about health maintenance and prevention of disease. They point to such subjects as sex, interpersonal relationships, and mental health as ranking high in their concerns. Judith Carey provides a model for assessing health needs in a divergent community college student population. Her study arose from the dearth of factual information about the health of community college students and their knowledge of health facilities available to them on campus and in the community. An analysis of the student population at City College in San Francisco reveals those

students were at high risk from a public health viewpoint. Campus health needs were more extensive than previously suspected. These problems were compounded by the fact that the students demonstrated a decreased ability to deal realistically with their health problems. To what extent these findings apply to similar populations in other parts of the United States is not known but the important questions Carey's study raises deserve serious consideration.

The ethnic composition of the student body at San Francisco City College included: Caucasian 48.7%, Oriental 24.9%, Black 13.9%, Spanish 7.1%, and American Indian 5.4%. A questionnaire covering areas relevant to a student population was distributed to 1,500 students. Thirty-one percent responded positively to having at least one of the following problems: tuberculosis, epilepsy, diabetes, heart trouble, asthma, hepatitis, major surgery, major orthopedic problems, and nervous breakdown. When extrapolated to the total school enrollment, 4,300 students would have had one of the problems listed above. Of the community colleges Nichols surveyed, almost three-fourths (69.3%) said that epileptic seizures occurred on campus.[16] Heart attacks had occured at 25% of the institutions. As many as 20% of the total student enrollment have a chronic problem on file at City College's Student Health Service.

If confronted with sudden illness, 18.6% of City College students would seek aid from a private physician; 23% said they would go to a hospital clinic or an emergency room. The choice of a hospital clinic with the expectation of being seen immediately is not a realistic one. Unless the student is a registered patient

at that institution there might be a three-week delay until the intake procedure was completed. Over 9% of the men and 5% of the women indicated they would go to a free clinic. While this choice seems more realistic than going to a hospital clinic, free clinics often have erratic hours. The student could not count on a free clinic being open when illness struck. Forty-six percent of the students said they would go to an emergency room if they suddenly became ill. But when asked how they would get there, 12% replied they would use a bus or street car and 4.3% indicated they would not know what to do. In order to assess realism in decision making, students were asked the following question: If you had a serious illness or accident that required two weeks of hospitalization, would it be necessary to drop out of school? Twelve percent of the men and 7% of the women replied that withdrawal would be necessary. In reality, such an absence may require a reduction in academic load but not withdrawal. If as many as 20% of community college students drop out due to medical reasons like those previously noted, then the need for more intensive educational advice based on more rational choice seems clear.

What happens when a student is prescribed medication? About 4.1% would have the prescription filled and not use it while another 3.6% would not have it filled at all due to lack of money. For health professionals working with a campus population, drug use is a persistent concern. When asked if they had ever used drugs, 63.3% of the men and 72.1% of the women stated that they had never used them. Yet 55% of the same men and 44%

of the women replied that they had used marijuana at least once. The inescapable conclusion is that many students do not believe that marijuana is a drug. When Nichols conducted his survey in 1972, drug overdose had become a recent phenomenon. Yet 35.7% of the responding institutions reported such overdoses.[17]

If the previous statistics are bothersome, then the ones illustrating the problems students have with their sexuality are even more so. Carey examined the incidence of venereal disease at City College and found that males were twice as likely in contracting the disease than females. Moreover, 2.4% of these men reported going without treatment. On the City College campus, the incidence of venereal disease among men over age 21 was above the national average. For men, the tendency to neglect themselves persisted up to age 24. Students worry about sex. Those who indicated that they worried "all the time" corresponded with the very poor (income less than $166 per month) and with the very rich (income over $701 per month). Less than 40% of the men and women polled indicated that they never worried about sex. When asked what they would do if they were female, unmarried and pregnant, 86% of the black women said they would have and keep the baby; 60% of the Spanish and 53% of the Oriental students replied similarly. None of the black women would have the baby, then arrange for adoption but 6.9% of the Spanish, 12.3% of the Caucasians, and 12.6% of the Orientals would do so. About 9% of the black women, 21.5% of the Orientals, 24.5% of the Spanish, and 32% of the Caucasians would seek a legal therapeutic abortion.

Despite legal sanctions, nearly 1% of the black women, 2.3% of the Orientals, 3% of the Spanish, and 7.4% of the Caucasians would attempt self abortion. As for birth control, the pill was most popular among 46% of the women. However, 36.8% used no birth control method at all or never thought about using one.

If medical treatment facilities are lacking on community college campuses, then there is an even greater void in mental health programs. Less than 2% of the colleges Nichols polled had a psychiatrist.[18] Suicide does occur on the community college campus; Nichols noted that 27 cases were reported in the 482 colleges within the last five years of his survey. Nationwide, suicide is the second leading cause of death among college students; in California, it is the second leading cause of death in people between the ages 15 to 35.[19] Carey found that nearly 40% of the students she questioned had seriously considered suicide. Extrapolated to the entire student body, as many as 440 people had attempted suicide. There were perhaps some 3,900 students at City College who thought seriously about it. About 11% of these students would not seek help; they would continue to suffer with thoughts of taking their own lives. In light of these and the other problems listed here, it is remarkable that so many students are able to function at all.

While the picture of student health services in community colleges is not a particularly flattering one, there are some bright stars on the horizon. Where health services do exist in community colleges, there seems to be remarkable energy, ingenuity,

and commitment in improving campus health. Outreach programs that identify students at risk, projects that emphasize wellness, and student-consumer involvement in health planning and education indicate several important trends in campus health care.

Health planners believe that one of the most effective means of cutting health costs is to identify precursors of disease. Once identified, action can be taken to minimize their detrimental effects on health. Experts in preventive medicine have identified 35 killers, 17 of which are modifiable, et. smoking, alcohol, poor nutrition, obesity, and depression. Knowing this, many community colleges have substituted the traditional admissions physical examination (which is expensive and of questionable value to the student or the college) for a self-completed health appraisal form. The student assumes responsibility for reporting the status of his own health. These forms have evolved into sophisticated computerized methods of evaluating a person's health. A comprehensive health assessment is then fed back to the student. Moreover, this system offers relevant social and demographic information to the health center and other departments of the college without invading the student's privacy. Chris Scharf R.N. at Pima College was one of the first to use this approach in a community college. She believes that the Health Hazard Appraisal System has personalized health education while encouraging the student to assume greater responsibility for his own health care.

Another distinctive trend in college health is the promotion of the idea of wellness. One of the most popular ways of conveying

this concept is through campus health fairs. Typically, the college and the community pool health resources for a day or a week to communicate their messages to students. Besides booths, displays, and demonstrations, students are taught to take their own blood pressures, use special examination instruments, and run laboratory tests on their own blood specimens. Some fairs are devoted to special topics currently of interest to students. Gen. Hornack R.N. of Long Beach City College sponsored a successful "Family Planning and Sexuality" day on her campus which inspired another project on "Suicide: An Emphasis on Prevention". Phyllis Moore R.N. at Clark College offered a week-long series on "Aging" in response to an over-growing student population of senior citizens. In keeping with the commuinity college's philosophy of community service, Mary Frances Eckert who directs the health service at Highline Community College conducted free blood pressure checks and tested for cholesterol in anyone who requested it. The campus health newsletter has not only provided advertisement for these activities but also has become an instrument of promoting the good health theme. Usually, it is limited to one page, can be completely read in a short period of time, and has the advantage of giving repeated exposure of current health information at very little cost. More and more health services are distributing newsletters but those from Delaware County Community College, Bellevue Community College, and Walters State Community College are particularly innovative.

The most recent development in campus health care - one with far-reaching possibilities - is student representation in developing

and managing health programs. Without a doubt, "the largest and most immediately accessible source of health manpower is the student body itself."[20] Student Health Advisory Boards are no longer an oddity for responsive health services. These boards are created with the belief that students have a particular knowledge and perspective on their own needs. This process allows students to establish a liason with campus groups and community resources, set up an appropriate health fee, establish an annual budget, set priorities on certain health issues, interview perspective staff members, and exert pressure for change. City College in San Francisco is a pace setter in student development programs that go beyond the old student affairs framework. Their Student Advice Center had evolved into a clearning house of information about job opportunities, welfare, loans, academic/administrative problems, and health. When student leaders learned that 14,000 of their fellow students were parents of 5,000 children and that 1 out of 10 had problems arranging for childcare, they banded together to form a child-care co-op. Many of the legal hassles disappeared when the college sponsored this activity as a club. Because the parents who use the day care center also contribute their time, costs for running this facility is minimal. City College students have proposed the creation of a crash pad that would serve as an alternative to hospitalization.[21] They feel that hospitalizing a student has serious shortcomings; most students lost academic credits and many never return to school. They enrision this crash pad serving as a temporary haven for a severely

stressed student. It is well-known that removing a person from a stressful environment (often the home) for a short while can restore coping mechanisms needed to sustain the crisis. This student-generated, student-oriented crash pad is an intriguing concept that challenges medicine's traditional autonomy. How are community college health services coping with this emerging consumerism?

For the most part, they not only welcome the consumer philosophy but are incorporating it in their proposals for the future organization and functioning of health centers. The following suggestions by Alice Thurston, Lynne Norrie, and Joan Venable illustrate just how a health service can become a catalyst for growth:[22]

Organization:

1. Health services is an important arm of the student personnel program and as such the nurse in charge should be a faculty member, serve on faculty committees, participate in faculty senate, and a fully functioning member of the student personnel staff.
2. There should be a part-time medical director or a consulting physician who assumes medical responsiblity for the total community college health program.
3. A psychologist or psychiatrist should be within regular consulting distance.
4. College nurses should have at least a B.A. degree with adminstrative, emergency room, and public health experience.
5. College nurses should be encouraged to belong to professional groups and partake in continuing education programs.
6. Paramedical education, physical and health education, counseling and all other areas involved in health must work closely together.

Functions:

1. Maintain and improve health of students as it pertains to their educational achievement.
2. The ultimate responsibility for health care is the student's.
3. Faculty and staff should be eligible for services and should be encouraged to participate in all health programs.
4. Health counseling that promotes independence, acceptance of physical limitations, understanding of their illness, identification of health problems, and incentive to obtain proper care is a major function of any health center.
5. Use educational media and other resource materials that help students understand what behaviors affect health.
6. Offer temporary treatment of minor illnesses under standing orders of a physician.
7. Study individual health needs through health appraisals.
8. Explore environmental and safety hazards collaboratively with other college departments.
9. Like other aspects of student personnel work, study and self-evaluate existing programs.

To paraphrase Dr. Dean Lovett, a pioneer in community college health services: If the health service is visible, if it is aggressive in its mission to promote health on campus and in the communtiy, if the health service sees itself as "somebody on campus", if students know about the service and have a good feeling about it, then deans and others will not only endorse and support health programs, they will boast about them to others. And has any community college health service achieved these ideals and still remained within regular budgetary constraints?

The answer is a resounding "yes!" Esther Fernald's accomplishments at Cape Cod Community College illustrate the dilemma, the struggle, and the triumph that can be had in college health programs. In 1967, she started out in a basement with a sink, a table, aspirins, and bandaids. Purchases were made from a nebulous account and approval or disapproval came from someone "up there." Esther says, "Everyone, including students, seemed as confused by my presence as I was."[23] Her exciting ideas vanished in the face of limited funding. Indeed, Esther was fortunate to even be on campus since no other community college in Massachusetts had health facilities (nor were they planning any). Within three years, Esther was on her way to building a model health program for other community colleges in her state. She first identified a leading professional in college health outside the institution who would offer advice. At his suggestion, she joined the American College Health Association which gave her struggling health center further legitimacy. She created a Health Service Advisory Committee comprised of faculty and community members which broadened the health center's base of support and opened up lines of communication. She justified the need for growth by furnishing monthly and annual reports to everyone concerned with the health center's administration. Consequently, getting support for her programs was easy. By identifying several specialists in the community, Esther was able to offer inexpensive, time-saving referrals for studnets with psychiatric, gynecologic, or dermatologic problems. She estalbished emergency and disaster procedures, set up emergency equipment in every building and taught staff and faculty how to use it, arranged

for physical exams of varsity athletes and follow-up care for their injuries, and shared her health resources with other faculty members for in-service training and seminars. In recent years, health education has assumed greater importance. Esther relies on the campus Nursing Club and nursing faculty to help sponsor seminars, classes, and fairs. Her efforts have generated genuine acceptance and respect for the health services which is manifested by the administration's continued approval of expanded programs. How much does all of this cost? Esther replies:

> "Exclusive of my salary, the total cost for the health service is under $12,000. Ten percent of our student activity fee is willingly allocated by our Student Senate to support our program. Funds for the physicians' stipends are allocated by our administration from a special account. With this funding and our existing student health insurance, we are able to provide fairly comprehensive services."[24]

College health professionals are faced with a dilemma: either they fold their white uniforms and quietly steal away, or like Esther Fernald, stand and fight the onslaught.

## FOOTNOTES

[1]J. Glenn Lohr, "Community College Health Services, "JACHA, vol. 21, (June, 1975), p. 407.

[2]Judith Carey, "Study of the Health Status and Knowledge of the Changing Community College Students," American Journal of Public Health, vol. 63, (Feb., 1973), p. 127.

[3]Robert Woody, "College Health Services: Demise or Rebirth?" Journal of School Health, vol. 43, (Sept., 1973), p. 442.

[4]Ellen Jonassen and Robert Stripling, "Priorities for Community College Student Personnel Services During the Next Decade," Journal of College Student Personnel, vol. 18 (2), (Mar., 1977), p. 85.

[5]Roger Heyns, "The Changing Climate of Higher Education," JACHA, vol. 23, (Oct, 1974), p. 4.

[6]Donald Nichols, "Student Health Services and Health Problems," Community and Junior College Journal, vol. 44, (Mar., 1974), p. 19.

[7]Ibid., p. 20.

[8]Judith Carey, op. cit., p. 127.

[9]Carol Marshall and Martin Gold, "Health Insurance and Urban College Students," JACHA, vol. 24, (Feb., 1976), p. 134.

[10]Ibid., p. 135.

[11]J. Glenn Lohr, op. cit., p. 409.

[12]Judith Carey, op. cit., p. 128.

[13]Donald Nichols, op. cit., p. 20.

[14]Irma Sharland, "Health Services Programs for the Student," Community and Junior College Journal, vol. 41, (May, 1971), p. 15.

[15]Donald Nichols, op. cit., p. 19.

[16]Ibid., p. 20

[17]Ibid., p. 20.

[18]Ibid., p. 19.

[19]Dean Lovett, Community College Health Services, (Mar. 1976), p.2.

FOOTNOTES, Continued

[20]Allan Leavitt, "Student-Organized Health Programs at City College of San Francisco," JACHA, vol. 21, (Apr., 1973), p. 297.

[21]Ibid., p. 303.

[22]Alice Thurston, etal., "Health Services: Who Needs Them?," Community and Junior College Journal, vol. 40, (May, 1970), p. 34.

[23]Esther Fernald, "Long on Ideas, Short on Money," JACHA, vol. 24, (Feb., 1976), p. 136.

[24]Ibid, p. 138.

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